

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

Cjn

RECEIVED JAN 15 2013
 130671

CK# 2980 50-

II Client Information

Name: Citizens for Fire Safety Institute

Permanent Business Address: 316 California Avenue, #984

City: Reno

State: Nevada

ZIP code: 89509

Business Phone: 415-242-8830

Fax Number: 415-242-8838

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Patricia Lynch Associates, Inc.

Phone Number: 518-432-9220

Address: 677 Broadway, Suite 1105

City: Albany

State: New York

ZIP code: 12207

Compensation for current period: \$90,000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$90,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$0	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Albemarle Corporation

or
Single Source Person's Last Name:

First Name:

Address: 451 Florida Street

State: LA

ZIP code: 70801-1765

City: Baton Rouge

Phone: 225-388-7716

Date Contribution Received: 3 / 5 / 2012

Amount of Contribution: \$ 100,000 .00

Date Contribution Received: 3 / 5 / 2012

Amount of Contribution: \$ 250,000 .00

Date Contribution Received: 4 / 16 / 2012

Amount of Contribution: \$ 250,000 .00

Date Contribution Received: 7 / 24 / 2012

Amount of Contribution: \$ 250,000 .00

Date Contribution Received: 10 / 24 / 2012

Amount of Contribution: \$ 471 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒**Contribution(s) Single Source #2**

Single Source Entity's Name: Chemtura Corporation

or
Single Source Person's Last Name:

First Name:

Address: 199 Benson Road

State: CT

ZIP code: 06749

City: Middlebury

Phone: 203-573-2492

Date Contribution Received: 2 / 21 / 2012

Amount of Contribution: \$ 25,000 .00

Date Contribution Received: 2 / 21 / 2012

Amount of Contribution: \$ 250,000 .00

Date Contribution Received: 4 / 13 / 2012

Amount of Contribution: \$ 25,000 .00

Date Contribution Received: 4 / 13 / 2012

Amount of Contribution: \$ 250,000 .00

Date Contribution Received: 8 / 10 / 2012

Amount of Contribution: \$ 129,550 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: ICL-IP

or

Single Source Person's Last Name:

First Name:

Address: 622 Emerson Road, Suite 500

State: MO

ZIP code: 63141

City: St. Louis

Phone: 314-983-7628

Date Contribution Received: 1 / 28 / 2012

Amount of Contribution: \$99,970 .00

Date Contribution Received: 2 / 27 / 2012

Amount of Contribution: \$249,970 .00

Date Contribution Received: 4 / 11 / 2012

Amount of Contribution: \$249,970 .00

Date Contribution Received: 8 / 13 / 2012

Amount of Contribution: \$249,968 .00

Date Contribution Received: 11 / 23 / 2012

Amount of Contribution: \$163,968 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

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Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #1

Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Amount of Contribution: \$ 00

VI Subjects lobbied:

FIRE SAFETY; FIRE RESISTENT CHEMICALS

☐ Continued on attached pages**VII Person, State Agency, Municipality or Legislative Body lobbied:**

ADMINISTRATIVE, EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT

☐ Continued on attached pages**VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

n/a

☐ Continued on attached pages**VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**

n/a

☐ Continued on attached pages**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:**

n/a

☐ Continued on attached pages**X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

n/a

☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

PRINT NAME: LAST Tenney

TITLE: President

DATE:

FIRST Joel

Mark One:



Chief Administrative Officer



Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.